

STOP!

This cover page is a requirement of the grant application.

***If this cover page isn't signed and all application materials included,
your grant application will be disqualified.***

My application includes:

Initial:

_____ ***Completed application with all fields filled out***

_____ ***Signed by an authorized representative***

_____ ***Before photos of the area the product will be installed***

_____ ***A quote ON VENDOR LETTERHEAD (not a brochure!)***

***I certify that all the above application materials are included with this
application.***

Name

Date



Waste Tire Grant Program - SFY 2018

Tables & Benches Application

Postmark Deadline is **February 15, 2018**

Return the completed application to: *For questions:*

KDHE
Attn: Megan MacPherson
1000 SW Jackson, Ste. 320
Topeka, KS 66612

mmacpherson@kdheks.gov

785-296-1617

Name of Applicant/Organization

County

Address

City

State

Zip

Contact Person (responsible for day to day project management)

Title

(_____) _____
Telephone Number

(_____) _____
Fax Number

FEIN (IRS) Tax Number

E-mail Address

Web Page

Have you been awarded a Waste Tire Derived Product Grant before? _____

If so, have your prior grant(s) closed? _____

- Please give a brief description of the education and outreach component. An education and outreach component will outline how the organization receiving the grant plans to inform their population about the receipt of the grant, the benefit of the product and the final project:

Waste Tire Product Information –
Product Manufacturer: _____

Product Name: _____

KDHE Code Number: _____

Contact: _____

Name and address (location of project): _____

If submitting multiple requests, what is the priority of this particular project? _____

Does project include ADA accessibility features and surfaces or is it part of a system that does? Yes / No

If yes, please list: _____

Budget

Required Information:

- Submit: a “before” picture of the project location, and a price quote for all products that will be purchased partially or in full with grant funds. The price quote must include the name of the manufacturer, product name, product code and price on vendor letterhead.
- Match must be at least 50% of the total project cost
Provide amount requested and related match for each of the following categories:

Item:	Matching Funds 50%		Grant Funds 50%
Labor	In-Kind (1)	Cash (2)	Grant (3)
Management/Design (in-kind)			
Labor Salaries for base preparation or Installation (in-kind).			
Volunteer Labor (in-kind)			
Equipment (install cost)			
Shipping			
Waste Tire Derived Product:			
Item (1) - Tables			
Item (2) - Benches			
Item (3)			
Supplies:			
(Specify)			
(Specify)			
Other:			
(Specify)			
(Specify)			
Totals for each Column:	\$	\$	\$
Total Match (add column 1 & 2):		\$	
Total Project Cost (total match & total grant):		\$	

BUDGET JUSTIFICATION – Provide a detailed description the costs of the grant and match funding (use additional paper if needed).

Labor:

Waste Tire Derived Products:

Total Number of items _____: Tables _____ Benches _____

Supplies:

Other:

CERTIFICATION: The undersigned is an official authorized to represent the applicant.

The person signing this document must have the authority to contractually bind the applicant or be the designated fiscal agent. For local governments, this is generally the mayor or the chairperson of the county commission. For schools, this is generally the superintendent, or board president. Secure all necessary approvals from government bodies prior to signing this application!

I certify that all proposed activities will be carried out in a timely manner; that all grant money received will be utilized solely for the purposes for which it is intended; that records documenting the project implementation will be maintained and submitted when requested.

Print Name of Authorized Representative

Title

Signature of Authorized Representative

Date